

FEB 16 2005

PART B - FEE(S) TRANSMITTAL

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34313 7590 12/03/2004

ORRICK, HERRINGTON & SUTCLIFFE, LLP
 4 PARK PLAZA
 SUITE 1600

02/17/2005 JBALINR2 00000027 150665 10062683

01 FC:2501 700.00 DA
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Jodie Davis (Depositor's name)
 Jodie Davis (Signature)
 February 16, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10062,683	01/31/2002	Mark Christopher Doyle	-263485	2180

TITLE OF INVENTION: DISPOSABLE SELF-SHIELDING SYRINGE GUARD

706737.33

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	03/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAM, ANN Y	1641	604-192000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Orrick, Herrington &
 Sutcliffe, LLP
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Safety Syringes, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Carlsbad, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 150665 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Samuel B. Stone

Date

2-16-05

Typed or printed name

Samuel B. Stone

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19,297

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